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News from the National Methamphetamine and Pharmaceuticals Initiative 2013 Conference: May 7-9, 2013 Charleston, South Carolina

Meth

- Up to 95% of US meth is from Mexico, where cartels have adapted to international pseudoephedrine and interdiction controls by using more sophisticated manufacturing and smuggling techniques.
- US meth from Mexico in 2012 was purer (approximately 95%) and more potent (about 88%) than ever before.
- Domestic meth production in the US continues resurging, due in part to adaptations in pseudoephedrine smurfing, particularly in some Midwestern states (Tennessee, Missouri and Indiana report meth labs in excess of 1,000/year). “One Pot” meth labs continue growing in popularity, accompanied by the threat of flash fires, respiratory problems and drug endangered children.
- Oregon and Mississippi remain the only states to restrict pseudoephedrine access to prescription-only status, and they continue to report dramatic reductions in meth labs. A new GAO report finds the Oregon/Mississippi approach is more effective than efforts in other states in reducing meth labs and associated costs.
- The DEA encourages states to set up state meth lab disposal container programs, and offers—at no cost to the states—to help set up and run such programs...complete with equipment and training. A federal appropriation is used to pay DEA’s costs.

Rx

- According to the DEA, the US has about 4% of the world’s population, but consumes nearly 80% of the world’s opiates...including prescription pain relievers. Additionally, the DEA reports 1 Rx overdose death in the US every 14 minutes.
- States are proceeding to set up and promote fuller utilization (by prescribers, dispensers, regulators and law enforcement) of Prescription Monitoring Programs, including sharing data with other states to prevent and detect Rx diversion, but progress is slow.
- The latest Rx Take Back event was the most successful ever, collecting 371 tons of medicines nationwide and proving large amounts of unused Rx drugs continue to reside in home medicine cabinets, where they may be subject to theft.

- The DEA anticipates final rules on more customer-friendly Rx disposal procedures later this fall.
- Despite the recommendation of an expert panel, DEA officials are not optimistic the FDA will reclassify Hydrocodone as a Schedule II Controlled Substance (it's currently a Schedule III drug).
- Naloxone (aka Narcan) is proving to be a successful on-scene antidote for law enforcement officers and EMT crews to prevent Rx pain reliever/opiate overdose deaths. A pilot program using the nasal spray in parts of NYC has saved 79 lives in 80 attempts over the last 8 months. Narcan costs about \$25/unit, and first responders must be trained. NY passed enabling legislation, in combination with a Good Samaritan 911 law.

Synthetics

- Officials around the world are struggling to keep up with the growing number of different synthetic drug types/compounds, many of which are believed to originate in India and China and first appear in Europe.
- According to the DEA, about 160 varieties of synthetic drugs have been found in the US over the last 3 years, and nearly 280 have been identified worldwide to date.
- The DEA has found no permanent way to effectively control for new iterations of synthetic drugs, but is focusing on the potential regulation of "classes" vs. compounds. Analog laws have limits and consumer protection laws vary, but all enforcement options are being considered. Education is essential.
- 3 new/additional synthetic drug compounds will be outlawed under emergency rules recently filed by the DEA, and due to take effect in June. Congress will have two years to ratify the controls.
- The DEA has added 5 analysts dedicated to synthetic drug cases, and developing standards on newer drugs is a priority.
- New Zealand has passed a "reverse onus" law to try and control synthetic drugs. In essence, the unproven law requires synthetic drug sellers to prove what they sell is not a synthetic drug.